

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

License/Certificate Holder: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Home/Site Name: \_\_\_\_\_

Address: \_\_\_\_\_

Provider E-mail: \_\_\_\_\_

Individuals Residing in the Home:

(First Name)	(Last Name)	(Initials)	Targeted in Review?
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

This form is intended to be applied as an on-site assessment of provider compliance with the new Home and Community-Based Services regulations (OAR 411-004).

The assessment and on-site visit is a required component of Oregon's Transition Plan towards compliance with new Medicaid regulations and Oregon Administrative Rules.

This on-site assessment is a beginning step in the process as Oregon programs and services transition to full compliance with the new regulations by September 1, 2018. This assessment checklist is to determine the current level of compliance for providers and to indicate areas where providers and programs will need to take action to fully comply with new expectations.

Following the on-site review, providers will be asked to respond to the compliance findings by providing additional information and/or creating plans for correction that detail the steps that will be taken in order for the provider to be fully compliant by September 2018.

Please refer to the accompanying instructions for completing the on-site review for additional detail.

## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

1. The setting is integrated in and supports the same degree of access to the greater community as people not receiving HCBS, including opportunities for individuals enrolled in or utilizing HCBS to: Seek employment and work in competitive integrated employment settings; Engage in community life; Control personal resources; and Receive services in the community. (411-004-0020(1)(a))

Evidence of provider/setting compliance: (select any of the following that may apply)

- |                                                      |                                             |                                                 |
|------------------------------------------------------|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Visual observation          | <input type="checkbox"/> Calendars          | <input type="checkbox"/> Individual ISP(s)      |
| <input type="checkbox"/> Progress Notes/Facility Log | <input type="checkbox"/> Statement of staff | <input type="checkbox"/> Interview w/Individual |
| <input type="checkbox"/> Other: _____                |                                             |                                                 |
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Evidence of provider/setting non-compliance: (select any of the following that may apply)

- |                                                      |                                             |                                                 |
|------------------------------------------------------|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Visual observation          | <input type="checkbox"/> Calendars          | <input type="checkbox"/> Individual ISP(s)      |
| <input type="checkbox"/> Progress Notes/Facility Log | <input type="checkbox"/> Statement of staff | <input type="checkbox"/> Interview w/Individual |
| <input type="checkbox"/> Other: _____                |                                             |                                                 |
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<input type="checkbox"/> <b>Provider has been determined to be out of compliance with: a setting is integrated in and supports the same degree of access to the greater community as people not receiving HCBS</b>
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Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.)

Provider plan for correction: \_\_\_\_\_

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To be completed by: \_\_\_\_\_

## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

**2.** The setting ensures individual rights of privacy, dignity, respect, and freedom from coercion and restraint. (411-004-0020(1)(c))

**2a.** Individuals appear to be free from coercion and restraint. (Please note: PPI's that are part of an individual's service plan in accordance with OAR requirements are not considered restraints).

Evidence of provider/setting non-compliance: (select any of the following that may apply)

- ☐ Visual/physical observation    ☐ Individual ISP(s)    ☐ Progress Notes/Facility Log  
☐ Statement of staff    ☐ Interview w/Individual (or representative)  
☐ Other: \_\_\_\_\_

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☐ **Provider has been determined to be out of compliance with: a setting ensures individual freedom from coercion and restraint**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

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Provider plan for correction: \_\_\_\_\_

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To be completed by: \_\_\_\_\_

\*Does the non-compliant situation rise to the level of a protective services referral?  
☐ Yes    ☐ No

## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

**2b.** The provider and staff appear to treat individuals with dignity and respect.

Evidence of provider/setting non-compliance: (select any of the following that may apply)

- ☐ Visual/physical observation    ☐ Individual ISP(s)    ☐ Progress Notes/Facility Log  
☐ Statement of staff    ☐ Interview w/Individual (or representative)  
☐ Other: \_\_\_\_\_

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☐ **Provider has been determined to be out of compliance with: treating individuals with dignity and respect**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

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Provider plan for correction: \_\_\_\_\_

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To be completed by: \_\_\_\_\_

\*Does the non-compliant situation rise to the level of a protective services referral?

☐ Yes    ☐ No

## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

**2c.** Individuals are supported in having reasonable privacy within the setting.

Evidence of provider/setting non-compliance: (select any of the following that may apply)

- ☐ Visual/physical observation    ☐ Individual ISP(s)    ☐ Progress Notes/Facility Log  
☐ Statement of staff    ☐ Interview w/Individual (or representative)  
☐ Other: \_\_\_\_\_

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☐ **Provider has been determined to be out of compliance with: individuals are supported in having reasonable privacy within the setting**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

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Provider plan for correction: \_\_\_\_\_

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To be completed by: \_\_\_\_\_

\*Does the non-compliant situation rise to the level of a protective services referral?  
☐ Yes    ☐ No

## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

**3.** The setting optimizes, but does not regiment, individual initiative, autonomy, self-direction, and independence in making life choices including, but not limited to, daily activities, physical environment, and with whom to interact. (411-004-0020(1)(d))

Evidence of provider/setting compliance: (select any of the following that may apply)

- ☐ Visual observation      ☐ Calendars      ☐ Individual ISP(s)  
☐ Progress Notes/Facility Log      ☐ Statement of staff      ☐ Interview w/Individual  
☐ Other: \_\_\_\_\_

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Evidence of provider/setting non-compliance: (select any of the following that may apply)

- ☐ Visual observation      ☐ Calendars      ☐ Individual ISP(s)  
☐ Progress Notes/Facility Log      ☐ Statement of staff      ☐ Interview w/Individual  
☐ Other: \_\_\_\_\_

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☐ **Provider has been determined to be out of compliance with: a setting optimizes, but does not regiment, individual initiative, autonomy, self-direction, and independence in making life choices**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

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Provider plan for correction: \_\_\_\_\_

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To be completed by: \_\_\_\_\_

## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

4. The setting facilitates individual choice regarding services and supports, and who provides the services and supports. (411-004-0020(1)(e))

Evidence of provider/setting compliance: (select any of the following that may apply)

<input type="checkbox"/> Visual observation	<input type="checkbox"/> Calendars	<input type="checkbox"/> Individual ISP(s)
<input type="checkbox"/> Progress Notes/Facility Log	<input type="checkbox"/> Statement of staff	<input type="checkbox"/> Interview w/Individual
<input type="checkbox"/> Other: _____		
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Evidence of provider/setting non-compliance: (select any of the following that may apply)

<input type="checkbox"/> Visual observation	<input type="checkbox"/> Calendars	<input type="checkbox"/> Individual ISP(s)
<input type="checkbox"/> Progress Notes/Facility Log	<input type="checkbox"/> Statement of staff	<input type="checkbox"/> Interview w/Individual
<input type="checkbox"/> Other: _____		
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☐ **Provider has been determined to be out of compliance with: a setting facilitates individual choice regarding services and supports, and who provides the services and supports**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

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Provider plan for correction: \_\_\_\_\_

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To be completed by: \_\_\_\_\_

## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

5. The setting is physically accessible to an individual. (411-004-0020(2)(b))

The setting is physically accessible to all individuals who reside in the home.

Evidence of provider/setting compliance: (select any of the following that may apply)

- ☐ Visual observation      ☐ Individual ISP(s)      ☐ Progress Notes/Facility Log  
☐ Statement of staff      ☐ Interview w/Individual (or representative)  
☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evidence of provider/setting non-compliance: (select any of the following that may apply)

- ☐ Visual observation      ☐ Individual ISP(s)      ☐ Progress Notes/Facility Log  
☐ Statement of staff      ☐ Interview w/Individual (or representative)  
☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **Provider has been determined to be out of compliance with: the setting is physically accessible to each individual**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_  
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Provider plan for correction: \_\_\_\_\_  
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To be completed by: \_\_\_\_\_



## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

**6.** The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement. (411-004-0020(2)(c))

**6a.** There is a Residency Agreement in place for each individual resident in the home.

☐ Yes ☐ No

**6b.** The Residency Agreement addresses protections from eviction (timelines and conditions for involuntary exit consistent with setting OARs).

☐ Yes ☐ No ☐ N/A (no residency agreement)

**6c.** The conditions in the Residency Agreement are consistent with customary landlord/tenant agreements. (Not more restrictive than common community rental agreements)

☐ Yes ☐ No ☐ N/A (no residency agreement)

☐ **Provider has been determined to be out of compliance with: a unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

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Provider plan for correction: \_\_\_\_\_

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To be completed by: \_\_\_\_\_

## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

7. Each individual has privacy in his or her own unit. (411-004-0020(2)(d))

Evidence of provider/setting compliance: (select any of the following that may apply)

- ☐ Visual observation      ☐ Individual ISP(s)      ☐ Progress Notes/Facility Log  
☐ Statement of staff      ☐ Interview w/Individual (or representative)  
☐ Other: \_\_\_\_\_

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Evidence of provider/setting non-compliance: (select any of the following that may apply)

- ☐ Visual observation      ☐ Individual ISP(s)      ☐ Progress Notes/Facility Log  
☐ Statement of staff      ☐ Interview w/Individual (or representative)  
☐ Other: \_\_\_\_\_

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☐ **Provider has been determined to be out of compliance with: each individual has privacy in his or her own unit.**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

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Provider plan for correction: \_\_\_\_\_

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To be completed by: \_\_\_\_\_

## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

**8.** Units must have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit. (411-00400020(2)(e))

**8a.** There is evidence of consideration for appropriateness of a lock on each individual bedroom door.

☐ Yes      ☐ No

**8b.** If there is a lock on the bedroom door, it is a single-action release lock.

☐ Yes      ☐ No      ☐ N/A (no lock)

**8c.** If there is a lock on an individual's bedroom door, access keys is limited to only necessary staff and the individual.

☐ Yes      ☐ No      ☐ N/A (no lock)

☐ **Provider has been determined to be out of compliance with: units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

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Provider plan for correction:

☐ Individually-based limitation is anticipated for individuals who do not have a lock on their bedroom door.

☐ Other: \_\_\_\_\_

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To be completed by: \_\_\_\_\_

## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

**9.** Individuals sharing units must have a choice of roommates. (411-004-0020(2)(f)).

**9a.** If there are shared bedrooms in the home, there is evidence that the guardian(s) of individuals sharing bedrooms have consented to the individual sharing a bedroom with the individual's current roommate.

Evidence of provider/setting compliance: (select any of the following that may apply)

- |                                                  |                                                                                    |
|--------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual ISP(s)       | <input type="checkbox"/> Written documentation of choice/consent of the individual |
| <input type="checkbox"/> Statement by caregiver  | <input type="checkbox"/> Interview with the individual (or their representative)   |
| <input type="checkbox"/> Written provider policy |                                                                                    |
| <input type="checkbox"/> Other: _____            |                                                                                    |
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Evidence of provider/setting non-compliance: (select any of the following that may apply)

- |                                             |                                                                     |                                                      |
|---------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Visual observation | <input type="checkbox"/> Individual ISP(s)                          | <input type="checkbox"/> Progress Notes/Facility Log |
| <input type="checkbox"/> Statement of staff | <input type="checkbox"/> Interview w/Individual (or representative) |                                                      |
| <input type="checkbox"/> Other: _____       |                                                                     |                                                      |
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## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

**9b.** If no, there is documentation in place for each individual whose guardian has not consented to the individual's current roommate based on assessed need of the individual.

☐ Yes    ☐ No    ☐ N/A (consent/no shared rooms)

☐ **Provider has been determined to be out of compliance with: individuals sharing bedrooms have consented to sharing a room with their roommate**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

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Provider plan for correction:

☐ Individually-based limitation is anticipated for individuals whose guardian does not consent to the individual's current bedroom roommate.

☐ Other: \_\_\_\_\_  
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To be completed by: \_\_\_\_\_

## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

**10.** Individuals must have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement. (411-004-0020(g))

**10a.** Individuals are permitted and supported to furnish and decorate their bedroom in accordance with their personal preference/style (and as agreed to within the residency agreement).

Evidence of provider/setting compliance: (select any of the following that may apply)

- |                                                 |                                                                                    |
|-------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Visual observation     | <input type="checkbox"/> Interview with the individual (or their representative)   |
| <input type="checkbox"/> Individual ISP(s)      | <input type="checkbox"/> Written documentation of choice/consent of the individual |
| <input type="checkbox"/> Statement by caregiver | <input type="checkbox"/> Written provider policy                                   |
| <input type="checkbox"/> Other: _____           |                                                                                    |
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Evidence of provider/setting non-compliance: (select any of the following that may apply)

- |                                                 |                                                                                    |
|-------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Visual observation     | <input type="checkbox"/> Interview with the individual (or their representative)   |
| <input type="checkbox"/> Individual ISP(s)      | <input type="checkbox"/> Written documentation of choice/consent of the individual |
| <input type="checkbox"/> Statement by caregiver | <input type="checkbox"/> Written provider policy                                   |
| <input type="checkbox"/> Other: _____           |                                                                                    |
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## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

**10b.** If no, there is documentation in place for each individual who has been limited beyond age-appropriate practices by the provider in decorating or furnishing their bedroom based on assessed need of the individual.

☐ Yes    ☐ No    ☐ N/A (age appropriate/no decorating limits)

☐ **Provider has been determined to be out of compliance with: individuals have the freedom and support to furnish and decorate his/her unit**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

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Provider plan for correction:

☐ Individually-based limitation is anticipated for individuals who have been limited by the provider beyond age-appropriate structure in furnishing and decorating their bedroom.

☐ Other: \_\_\_\_\_

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To be completed by: \_\_\_\_\_

## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

**11.** Each individual may have visitors of his or her choosing at any time. (411-004-0020(2)(h))

**11a.** Parents/guardians have access to their individual children residing in the home (except where limited by a court order).

**11b.** Individuals are permitted and supported to have visitors to the home.

Evidence of provider/setting compliance: (select any of the following that may apply)

- |                                                      |                                             |                                                 |
|------------------------------------------------------|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Visual observation          | <input type="checkbox"/> Calendars          | <input type="checkbox"/> Individual ISP(s)      |
| <input type="checkbox"/> Progress Notes/Facility Log | <input type="checkbox"/> Statement of staff | <input type="checkbox"/> Interview w/Individual |
| <input type="checkbox"/> Other: _____                |                                             |                                                 |
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Evidence of provider/setting non-compliance: (select any of the following that may apply)

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|------------------------------------------------------|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Visual observation          | <input type="checkbox"/> Calendars          | <input type="checkbox"/> Individual ISP(s)      |
| <input type="checkbox"/> Progress Notes/Facility Log | <input type="checkbox"/> Statement of staff | <input type="checkbox"/> Interview w/Individual |
| <input type="checkbox"/> Other: _____                |                                             |                                                 |
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## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

**11c.** If no, there is documentation in place for each individual who has been limited beyond age-appropriate practices by the provider/program in having visitors to the home based on assessed need of the individual.

☐ Yes    ☐ No    ☐ N/A (no visitor limits)

☐ **Provider has been determined to be out of compliance with: individuals may have visitors of his/her choosing at any time**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

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Provider plan for correction:

☐ Individually-based limitation is anticipated for individuals who have been limited by the provider beyond age-appropriate structure in having visitors to the home.

☐ Other: \_\_\_\_\_

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To be completed by: \_\_\_\_\_

## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

**12.** Each individual has the freedom and support to control his or her own schedule and activities. (411-004-0020(2)(i))

**12a.** Individuals are engaged in and supported in self-directing their personal schedules and activities as much as possible.

Evidence of provider/setting compliance: (select any of the following that may apply)

<input type="checkbox"/> Visual observation	<input type="checkbox"/> Calendars	<input type="checkbox"/> Individual ISP(s)
<input type="checkbox"/> Progress Notes/Facility Log	<input type="checkbox"/> Statement of staff	<input type="checkbox"/> Interview w/Individual
<input type="checkbox"/> Other: _____		
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Evidence of provider/setting non-compliance: (select any of the following that may apply)

<input type="checkbox"/> Visual observation	<input type="checkbox"/> Calendars	<input type="checkbox"/> Individual ISP(s)
<input type="checkbox"/> Progress Notes/Facility Log	<input type="checkbox"/> Statement of staff	<input type="checkbox"/> Interview w/Individual
<input type="checkbox"/> Other: _____		
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## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

**12b.** If no, there is documentation in place for each individual who has been limited beyond age-appropriate structure by the provider/program in controlling his or her own schedule and activities based on assessed need of the individual.

☐ Yes    ☐ No    ☐ N/A (no schedule limits)

☐ **Provider has been determined to be out of compliance with: each individual has the freedom and support to control his or her own schedule and activities**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

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Provider plan for correction:

☐ Individually-based limitation is anticipated for individuals who have been limited by the provider beyond age-appropriate structure in controlling personal schedule and activities.

☐ Other: \_\_\_\_\_

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To be completed by: \_\_\_\_\_

## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

**13.** Each individual has the freedom and support to have access to food at any time.  
(411-004-0020(2)(j))

**13a.** The preferences and culture of individuals are considered when it comes to food selection, meal planning, and food preparation for the home.

Evidence of provider/setting compliance: (select any of the following that may apply)

<input type="checkbox"/> Visual observation	<input type="checkbox"/> Menus	<input type="checkbox"/> Progress Notes/Facility Log
<input type="checkbox"/> Individual ISP(s)	<input type="checkbox"/> Statement of staff	<input type="checkbox"/> Interview w/Individual
<input type="checkbox"/> Other: _____		
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Evidence of provider/setting non-compliance: (select any of the following that may apply)

<input type="checkbox"/> Visual observation	<input type="checkbox"/> Menus	<input type="checkbox"/> Progress Notes/Facility Log
<input type="checkbox"/> Individual ISP(s)	<input type="checkbox"/> Statement of staff	<input type="checkbox"/> Interview w/Individual
<input type="checkbox"/> Other: _____		
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## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

**13b.** Individuals are permitted and supported to acquire and access personal foods.

Evidence of provider/setting compliance: (select any of the following that may apply)

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|---------------------------------------------|---------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Visual observation | <input type="checkbox"/> Menus              | <input type="checkbox"/> Progress Notes/Facility Log |
| <input type="checkbox"/> Individual ISP(s)  | <input type="checkbox"/> Statement of staff | <input type="checkbox"/> Interview w/Individual      |
| <input type="checkbox"/> Other: _____       |                                             |                                                      |
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Evidence of provider/setting non-compliance: (select any of the following that may apply)

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|---------------------------------------------|---------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Visual observation | <input type="checkbox"/> Menus              | <input type="checkbox"/> Progress Notes/Facility Log |
| <input type="checkbox"/> Individual ISP(s)  | <input type="checkbox"/> Statement of staff | <input type="checkbox"/> Interview w/Individual      |
| <input type="checkbox"/> Other: _____       |                                             |                                                      |
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## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

**13c.** If no, there is documentation in place for each individual who has been limited beyond age-appropriate structure by the provider/program in acquiring and accessing his/her personal food based on assessed need of the individual.

☐ Yes    ☐ No    ☐ N/A (no food access limits)

☐ **Provider has been determined to be out of compliance with: each individual has the freedom and support to have access to food at any time**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

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Provider plan for correction:

☐ Individually-based limitation is anticipated for individuals who have been limited by the provider beyond age-appropriate structure in having access to personal foods.

☐ Other: \_\_\_\_\_  
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To be completed by: \_\_\_\_\_

## Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Supporting Individual Children Under 18

Additional Notes: \_\_\_\_\_  
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### Signatures and Designation:

Review completed by: (Print name) \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Plan approved by: \_\_\_\_\_ Date: \_\_\_\_\_

To be followed up by: \_\_\_\_\_ Date: \_\_\_\_\_

Plan completed verified by: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Submit a copy of the completed (except for the provider plan for correction section) review to ODDS via secure email at: [ODDSHCBS.ResidentialReview@state.or.us](mailto:ODDSHCBS.ResidentialReview@state.or.us) \*\*\*